

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **88/33368-u**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2	✓	1					52						
3	✓	1					53						
4	✓	1					54						
5	✓						55						
6	✓	5					56						
7	✓	5					57						
8	✓	5					58						
9	✓	5					59						
10	✓						60						
11	✓						61						
12	✓						62						
13	✓						63						
14	✓						64						
15	✓						65						
16	✓						66						
17	✓						67						
18	✓						68						
19	✓	1					69						
20	✓						70						
21	✓	1					71						
22	✓						72						
23	✓						73						
24	✓						74						
25	✓						75						
26	✓						76						
27	✓						77						
28	✓						78						
29	✓	5					79						
30	✓	5					80						
31	✓	5					81						
32	✓	5					82						
33	✓						83						
34	✓						84						
35	✓						85						
36	✓						86						
37	✓						87						
38	✓						88						
39	✓						89						
40	✓						90						
41	✓						91						
42	✓						92						
43	✓						93						
44	✓						94						
45	✓						95						
46	✓						96						
47	✓						97						
48	✓						98						
49	✓						99						
50	✓						100						
TOTAL IND.	90	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	44	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS						

Best Available Copy